



Childhood Lead Screening Reference Sheet

Screening Guidelines

- All children enrolled in MaineCare **must** be screened at 1 year & 2 years of age even if there is no risk for lead poisoning. (To fulfill the MaineCare requirement, a one-year-old can be screened between 9 & 18 months of age; a two-year-old can be screened between 18 & 35 months of age.)
- Children not enrolled in MaineCare should be screened at 1 year and 2 years old unless the child is not at risk for lead poisoning.
- Screen all children from 36-72 months of age if they have **not** previously been screened or if they have changed residence since their previous screening and are determined to be at risk for lead exposure.
- Screening for lead exposure should be considered in the differential diagnosis of children with unexplained illness such as severe anemia, lethargy, abdominal pain, pica, developmental delays, behavioral problems, or ADHD.

Lead Risk Questions to Ask Parents/Guardians

The child needs a blood lead screening test if the parent/guardian answers “yes” to, or is unsure about, one or more of these questions:

- Does your child spend more than 10 hours per week in any house built before 1950?
- Does your child spend more than 10 hours per week in any house built before 1978 that has been renovated or remodeled in the past 6 months?
- Does your child spend time with an adult whose job is in construction, painting, or fishing?
- Does your child have MaineCare?

How to Screen

- Blood collection supplies and mailers may be obtained at no cost from the DHHS Health and Environmental Testing Lab (HETL).
Call 287-2727 to order supplies.
- Collect either a capillary or venous specimen. A toe stick is recommended for children less than 12 months old and/or not walking.
- Wash and scrub any dust or dirt off the finger or toe with a surgical brush or soft toothbrush to obtain an accurate capillary specimen.
- State law requires that all blood lead specimens obtained from Maine children less than 6 years old must be processed by the HETL. Mail the specimen to HETL, #11 SHS, Augusta, ME 04333. Mailing labels are included with the HETL supplies.

How to Bill

- Children with private insurance or private pay: Bill patient or insurance for both the lab fee and the blood draw. HETL will bill providers for the lab fee.
- Children with MaineCare: Bill MaineCare for the blood draw; include your MaineCare billing number. For maximum reimbursement, include the diagnosis and procedure codes (see table below). If you have questions about billing, call your provider relations specialist at 1-800-321-5557, option 3. Check MaineCare on the HETL lab slip; HETL will bill MaineCare for the lab fee.

CPT code on claim form	Diagnosis code to be used on claim form	Payment without lead diagnosis	Payment with lead diagnosis
36415 - venous draw	V15.86 - lead screening	\$3.00	\$6.00
36416 - capillary draw	V15.86 - lead screening	\$2.70	\$5.70

Follow-up Blood Lead Level (BLL) Tests

- All capillary results of 10+ ug/dl must be confirmed with a venous specimen.
- Use the following CDC recommendations to determine timing of follow up BLL testing:

Venous blood level	Routine follow up (2-4 tests after identification)	Long term follow up (after BLL begins to decline)
10-14 ug/dl	3 months	6-9 months
15-19 ug/dl	2 months	3-6 months
≥20 ug/dl	1 month	1-3 months
≥45 ug/dl	Chelation with immediate follow up	

Services Provided by the Maine Childhood Lead Poisoning Prevention Program (MCLPPP)

Venous blood lead 10-14 ug/dl	Venous blood lead 15-19 ug/dl	Venous blood lead ≥20 ug/dl
MCLPPP mails letter and informational packet to parents	MCLPPP phones family to discuss interventions to prevent further lead exposure	MCLPPP initiates environmental investigation (mandatory for rental units, offered to parents if in owner occupied home)
	MCLPPP recommends to family a home visit from a PHN/CHN	MCLPPP phones family to discuss diagnosis and recommendations
	MCLPPP mails information to family	MCLPPP mails lead information to family
		MCLPPP recommends referral to PHN/CHN

- MCLPPP offers clinical consultations for medical providers through the Kids Run Better Unleaded program (KRBU) at the Barbara Bush Children's Hospital. To arrange for a consultation, call the MCLPPP at 287-4311. KRBU will automatically mail clinical information packets to all PCPs caring for children with confirmed BLL≥20ug/dl.

Possible Lead Sources

Lead dust is the most common way for children to get lead into their bodies. This is especially true with young children who have a lot of hand-to-mouth activity.

Lead dust:

- Can be caused by deteriorating lead paint
- Can be brought home on clothing from construction or painting jobs
- Can come from home renovation/repair projects

Other exposure sources:

- Playing in soil especially next to old buildings
- Drinking water from old pipes (lead pipes, lead solder, brass fixtures and valves)
- Antiques or old painted furniture or toys
- Hobbies or jobs (stained glass, fishing sinkers, lead shot, furniture refinishing)
- Consumer products (imported toys, chalk, jewelry)
- Folk remedies (Greta, Arzacón, Pay-loo-ah, Kohl, Kandu) and some herbal remedies (Ayurvedic)

Interventions to Prevent Lead Exposure

- Keep children away from peeling or chipping paint.
- Wash child's hands often and always before eating and going to bed.
- Use water and cleaning detergents to clean old windows and floors. Use wet cleaning methods.
- Leave shoes at the door to keep leaded dirt outside.
- Use a "lead check swab" to check for lead on paint and toys. Call MCLPPP to find out how.
- Before a remodeling or repainting project call MCLPPP to learn about lead safe methods.
- For homes with old pipes, use cold water for drinking and cooking. Run the water for 1-2 minutes if the tap has not been used in the last 4 hours. To have your water tested for lead, call the Maine Health and Environmental Testing Lab at 287-2727.